

California Regional Water Quality Control Board
Santa Ana Region

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT TO DISCHARGE WASTES
ASSOCIATED WITH CONCENTRATED ANIMAL FEEDING OPERATIONS (DAIRIES AND RELATED
FACILITIES)

FACILITY

NAME AND ADDRESS OF FACILITY

CONTACT PERSON

NAME AND ADDRESS OF LEGAL OWNER OF FACILITY

TELEPHONE NO.

CONTACT PERSON

NAME OF BUSINESS OPERATING FACILITY

TELEPHONE NO.

TELEPHONE NO.

ANIMAL POPULATION

1. DAIRY

2. CALF/HEIFER RANCH

3. OTHER CAFO ANIMALS
(IDENTIFY TYPE AND NUMBER OF ANIMALS)

_____ MILKING COWS

_____ CALVES

TYPE _____ NO. _____

_____ DRY COWS

_____ HEIFERS

TYPE _____ NO. _____

_____ HEIFERS

TYPE _____ NO. _____

_____ CALVES

FACILITY INFORMATION

_____ TOTAL ACREAGE¹

_____ CROP LAND¹ (ACRES)

_____ CORRALS¹ (ACRES)

_____ CONTAINMENT PONDS¹ (ACRES)

HAS AN ENGINEERED WASTE MANAGEMENT PLAN BEEN PREPARED? ____ YES ____ NO CERTIFIED? ____ YES ____ NO

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF OWNER OF FACILITY

SIGNATURE OF OPERATOR OF FACILITY

PRINT OR TYPE NAME

PRINT OR TYPE NAME

TITLE AND DATE

TITLE AND DATE

¹ See Engineered Waste Management Plan,